

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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LOCATION: 216 EAST PARK STREET
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01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83638

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RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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02/01/2011	02/28/2011

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DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
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Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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					MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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LOCATION: 216 EAST PARK STREET
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MONITORING PERIOD	
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05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83638

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(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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ID0020231	001-A
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MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83638

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(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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LOCATION: 216 EAST PARK STREET
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83638

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(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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DOMESTIC WASTEWATER

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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MONITORING PERIOD	
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DOMESTIC WASTEWATER

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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ID0020231	REC-1
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MONITORING PERIOD	
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10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: MCCALL, CITY OF
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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 216 EAST PARK STREET
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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
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 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 216 EAST PARK STREET
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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				AREA Code	NUMBER
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI 9	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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LOCATION: 216 EAST PARK STREET
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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
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 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83638

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(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: MCCALL, CITY OF
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 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

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LOCATION: 216 EAST PARK STREET
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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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FACILITY: MCCALL, CITY OF
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ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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ID0020231	001-A
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MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83638

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(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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DOMESTIC WASTEWATER

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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ID0020231	REC-1
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

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(SUBR 02)

RECEIVING WATER

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI 9	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MINIMUM	*****	cfs	*****	*****	*****	*****		Daily When Discharging	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	330 MO AVG	500 WKLY AVG	lb/d	*****	20 MO AVG	30 WKLY AVG	mg/L		Daily When Discharging	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00300 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	30 WKLY AVG	lb/d	*****	330 MO AVG	500 WKLY AVG	mg/L		Daily When Discharging	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Daily When Discharging	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MCCALL, CITY OF
ADDRESS: 216 EAST PARK STREET
 MCCALL, ID 83638

FACILITY: MCCALL, CITY OF
LOCATION: 216 EAST PARK STREET
 MCCALL, ID 83638

ATTN: JOHN LEWINSKI, WWTP MANAGER

ID0020231	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83638

MINOR \$

(SUBR 02)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00671 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MXSINSAM	mg/L		Daily When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)